Α.	N.	Shoun	, MD
			edway

ARIZONA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS

STATE FILE NO.

584

	BIRTH NO.			CER	IFICATE	OF D	EATH	REGI	STRAR'S NO		
f'=H	1. PLACE OF DEATH A. COUNTY				OF STAY	2. USUAL	RESIDEN	CE (WHERE	DECEASED AT	VED	
E OF DEATH	F	ima			in ARIZONA 24 Yrs.	A. STA	TE A	rizona	UTION: RESI B. C	DENCE BEFORE A	MAISSION)
3 AND X2	C. CITY OR			IN CITY	LIMITS E CITY LIMITS	C. CIT	1			☐ IN CITY L	MITS
L RESIDENCE		ucson				той		Tucson		XX OUTSIDE C	CITY LIMITS
1 -	D. FULL NAME OF HOSPITAL OR	ADDRESS OF	HOSPITAL OR II	NSTITUTION,	, GIVE STREET	D. STR	RESS			AL, GIVE LOCATI	ON)
	INSTITUTION 3. NAME OF A	763E	NO Ala			<u> </u>		635 No.			
-	3. NAME OF A. DECEASED	(FIRST)	E. (N	HODLE)	C. (L	AST)	4. SE	X 5. Color	OR RACE 6	SA. MARRIED, NEW WIDOWED, DIVOR	VER MARRIED.
/	(TYPE OR PRINT) 6B. NAME OF SPOUSE	Victor	M. 7. DATE OF		hull	····	Male		e l	Married	
1	OB. NAME OF SPOUS	- .	MONTH DAY	YEAR	LAST BIRTHE	ARE IF UNDER		UNDER 24 HRS OURS MIN.		L OCCUPATION (GIVE KIND OF
ECEDENT 1	Elizabeth Schu		1 12 8	83	l 70				Struct	tural Stel	
ERSONAL/7(9B. KIND OF BUSI- NESS OR INDUSTRY	OR FOREI	LACE (STATE SH COUNTRY)	11. CITIZ	EN OF WHAT	12. WAS DE	CEASED EV	VER IN U. S. A	RMED FORCE	13. SOCIAI	LSECURITY
DATA //	Stell Works		colo.	US		<u>l</u> No		No	ne	526-10	-0997
	14A. FATHER'S NAME	<u> </u>	1	148. BIRT	HPLACE E OR COUNTRY)	15A. MOTH	ER'S MAI	DEN NAME		15B. BIRT	HPLACE'
	Victor Schul			<u>Switze</u> i		l No	ot Knov	wn_		Not K	OR COUNTRY)
154	16 MFORMANT'S	/_ <i></i> /.	333	7 APDI	7 <i>W</i>	17. DATE		(нонтн)		AY) (YE	AR)
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	18. CAUSE OF DEATH	* 5105101			MEDICAL CE	RTIFICATION	۸,	_	•	INTERVAL	BETWEEN
CAUSE	PER LINE FOR (A), (B),	DIRECTLY	E OR CONDIT LEADING TO	DEATH‡	(A) TIME	oly - les	-U-13 J	osculor	ecis	Lu Mune	unt
OF	THIS BOES NOT MEAN THE MODE OF DYING.	ANTECEDE	NT CAUSES			1			·	1 .	
v or i	THE MODE OF DYING,	~~~~~				u		. <i>V</i> .	A#	1. 1	
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DEATH	URE, ASTHENIA, ETC. IT MEANS THE DISEASE	GIVING RISE	E TO THE ABO STATING THE U	OVE	DUE TO (B).	Mosen	ione d	here	<u> </u>	lentes	-0-5~
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